Superior Court of California, County of Riverside, Evaluation Services

Date	Time	Dept.	*FOR COURT USE ONLY*
Case Number			
Case Title			

Part B

Court ordered Evaluation Services focus on the "best interests" of your children. Our goal is to assist the parents and family members to come to a resolution of the issues which brought you to the Court. Please refer to (or ask for) the Evaluation Brochure for more information about our services and role in your case.

This form, Part B, is a continuation of the form, Part A, which you prepared for your Mediation sessions - you do not have to repeat it. However, this form asks you to add to the other form. This form adds more focus on health, mental health, and education issues. The law (Family Code 3011) directs Evaluators to consider: the health, safety, and welfare of the child; any history of abuse by one parent; the nature and amount of contact with both parents; and/or the habitual or continual illegal use of controlled substances or alcohol by either parent.

Note that this says "consider" these issues - the ultimate issue we are concerned with is whether each parent will, to the best of their abilities, meet the best interests of the children. We start with the assumption that you can. This form will help the Court staff in planning to serve you and your child.

The form should be returned as soon as possible to the assigned Evaluator.

Assigned Evaluator:

Address & phone:

CASE NUMBER	TODAY'S DATE	HEARING DATE

Your relationship to the children:	Race/Ethnicity:	Are you Spanish speaking only?
☐ Mother ☐ Father ☐ Other		☐ YES ☐ NO

Name: Age: Date of Birth:

Address (if changed):

STREET CITY STATE ZIP CODE

Home Phone: Alternate Phone:

Attorney (if changed): Phone:

Attorney's Address:
STREET CITY STATE ZIP CODE

MARITAL/DOMESTIC RELATIONS			
Name of Spouse/Partner	From To	Reason for Separation	Number of Children
FIRST			
SECOND			
THIRD			
FOURTH			

Do you receive public assistance?	Do you receive SSI?
☐ YES ☐ NO	☐ YES ☐ NO

PARENT'S EMPLOYMENT INFORMATION

(Complete again only if this has changed)

Name of Employer: Phone:

Address of Employer:
STREET CITY STATE ZIP CODE

Supervisor: Phone:

Present Occupation: Length of Employment:

Work Schedule: Days Off:

PARENT'S MEDICAL HISTORY

Do you have any physical problems not mentioned on the previous form? Please explain:

Are you taking any medications? If yes, please explain:

PARENT'S PHYSICIANS

Name of Doctor	Address	Phone

PARENT'S MENTAL HEALTH HISTORY

Are you receiving any counseling/mental health services? If yes, please explain:

Are you taking any psychiatric medications? If yes, names of medication:

Any hospitalizations due to a mental health condition? If yes, please explain:

Do you drink alcohol? ☐ YES ☐ NO If yes, how frequently?

Was alcohol a problem in your relationship? If yes, please explain:

Do you use drugs? ☐ YES ☐ NO If yes, what kind?

Were drugs a problem in your relationship? If yes, please explain:

PARENT'S MENTAL HEALTH PROVIDERS*

Therapist/Doctor	Address	Phone

PARENT'S CRIMINAL HISTORY

		Dates
Arrests/Charges		
Convictions		
On Parole/Probation		
Name of Parole/Probation Officer		
Criminal Actions Pending		

Comments:

BABYSITTER OR CHILDCARE FACILITY				
Name of Child	Provider	Address	Phone	Schedule

CHILD PROTECTIVE SERVICES INVOLVEMENT				
Location	Reason for Contact	Date	Worker's Name	Phone Number

Have you ever had a case or been to another court regarding the children? If yes, please explain:

CHILDREN'S MEDICAL HISTORY

In addition to the information already provided on Part A at Mediation, are there any medical issues, or new conditions we should be aware of?

Are any of the children taking any psychiatric medications? If yes, names of medications:

Dosage/Frequency Prescribing MD

Children's Supplemental Security Income (SSI)

Are any of the children receiving SSI? ☐ YES ☐ NO Who?

CHILDREN'S MEDICAL PROVIDERS			
Child	Therapist/Doctor	Address	Phone

FIVE (5) CHARACTER REFERENCES/RELATIVES			
Name	Relationship	Address	Phone